

## EXHIBIT B



#9

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	<b>Attorney Docket Number</b>	20605.006US
	<b>First Named Inventor</b>	FOCKE
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR THE TESTING OF IN PARTICULAR CIGARETTE PACKS**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
100 50 297.0	Germany	10 October 2000 (10.10.2000)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	022870		OR	<input type="checkbox"/> Correspondence address below
Name <b>TECHNOPROP COLTON LLC</b>						
Address <b>PO Box 567685</b>						
Address						
City <b>Atlanta</b>			State <b>GA</b>		ZIP <b>31156-7685</b>	
Country <b>US</b>			Telephone <b>770.522.9762</b>		Fax <b>770.522.9763</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Heinz</b>			Family Name or Surname <b>FOCKE</b>			
Inventor's Signature					Date	
Residence: City <b>Verden</b>		State		Country <b>DE</b>	Citizenship <b>DE</b>	
Mailing Address <b>Moorstrasse 64</b>						
Mailing Address						
City <b>Verden</b>		State		ZIP <b>27283</b>	Country <b>Germany</b>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Martin</b>			Family Name or Surname <b>STILLER</b>			
Inventor's Signature					Date	
Residence: City <b>Verden</b>		State		Country <b>DE</b>	Citizenship <b>DE</b>	
Mailing Address <b>Doblberger Strasse 35</b>						
Mailing Address						
City <b>Verden</b>		State		ZIP <b>27283</b>	Country <b>Germany</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



Please enter a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Jens		SCHMIDT		
Inventor's Signature				Date
Residence: City	Grasberg	State	Country DE	Citizenship DE
Mailing Address	Jan-Reiners-Strasse 6			
Mailing Address				
City	Grasberg	State	ZIP 28879	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Ralph		SGODZAI		
Inventor's Signature				Date
Residence: City	Ritterhude	State	Country DE	Citizenship DE
Mailing Address	Im Orth 14a			
Mailing Address				
City	Ritterhude	State	ZIP 27721	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Henry		BUSE		
Inventor's Signature				Date
Residence: City	Visselhovede	State	Country DE	Citizenship DE
Mailing Address	Dreessel Nr. 8			
Mailing Address				
City	Visselhovede	State	ZIP 27374	Country Germany

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+